



Atty. Dkt. No. 086554-1056

*Ifw*  
*cc*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Radmond ARCETA et al.  
Title: MEDICAL CART, MEDICATION MODULE, HEIGHT  
ADJUSTMENT MECHANISM, AND METHOD OF  
MEDICATION TRANSPORT  
Appl. No.: 10/783,030  
Filing Date: 02/23/2004  
Examiner: Frank Bennett Vanaman  
Art Unit: 3618  
Confirmation Number: 3782

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Information Disclosure Statement and PTO/SB/08.

☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	28	-	38	=	0	x	\$50.00	=	\$0.00
Independent Claims:	8	-	8	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00

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CLAIMS FEE TOTAL = \$0.00

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☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$450.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	\$450.00
<input checked="" type="checkbox"/> Information Disclosure Statement:	\$180.00	\$180.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$630.00
	<b>TOTAL FEE:</b>	<b>\$630.00</b>

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A credit card payment form in the amount of \$630.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 27, 2006

By Jessica M. Cahill

FOLEY & LARDNER LLP  
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Jessica M. Cahill  
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